

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41404

State File No.

BIRTH NO.		REG. DIST. NO. <u>2</u>		PRIMARY REG. DIST. NO. <u>4296</u>		Registrar's No. <u>49</u>	
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u> <u>05/12</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Browning</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Browning</u> , <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>Elfie</u>		a. (First)		b. (Middle) <u>Madelyn</u>		c. (Last) <u>Stephenson</u>	
4. DATE OF DEATH		12		0-17		50	
5. SEX <u>fe</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>		8. DATE OF BIRTH <u>Aug. 1 1876</u>	
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months Days		IF UNDER 14 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>John Foster</u>		13b. MOTHER'S MAIDEN NAME <u>Myrtha Foster</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>-00---</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Myrtie Gray Browning</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremic Poisoning</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic nephritis</u> DUE TO (c) <u>Cerebral Hemorrhage</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION				INTERVAL BETWEEN ONSET AND DEATH <u>3 da.</u> <u>unknown</u> <u>8 yrs.</u> <u>592 X</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12-16</u> , 19 <u>50</u> , to <u>12-17</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-16</u> , 19 <u>50</u> , and that death occurred at <u>12:05 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. W. Simpson</u> <u>MD</u>		23b. ADDRESS <u>Milwaukee</u>		23c. DATE SIGNED <u>12-18-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12-19-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Knifong Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Browning Rural Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12/21/1950</u>		REGISTRAR'S SIGNATURE <u>Elena Crookshank</u> <u>166</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wade Funeral Home</u>		ADDRESS <u>Browning</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



Date Received: DEC 28 1950
DISTRICT HEALTH OFFICE
District File Number 12-50
Date Filed: DEC 28 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed Gerald T. Wade

Licensed Embalmer No. 4172

P. O. Address Browning Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.